PATE	Reduction Act of 1995, no per NT APPLICATION F Substitute	EE DETERMINAT	nd le • conection of ION RECORI flective Decembe	Information unit	Appl	DEPARTMENT STATE OF CORNER	T OF COMM AB pontrol at
АРР	PLICATION AS FILED (Column 1)				1-/(),	1819,1	57
FOR	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY		, OR	OTHER THAN SMALL ENTITY	
ASIC FEE V CFR 4.16(4), (b), or (c))	NA	NIA NIA	RATEO	FEE (I)		RATE (\$)	FEE
EARCH FEE 7 CFR 1 16(b), (1), ox (m))	NA	NIA.	N/A	150.00		N/A	300.0
XMINATION FEE I CFR 1.16(4, (p), or (q))	N/A	1 · N/A	- NA	\$260		N/A	\$500
TAL CLAIMS I CFR 1 (16(ii)			N/A	\$100	i.	N/A	\$200
DEPENDENT CLAIMS OFR 1.16(N)	minus 20 *		X\$ 25 .		.OR	X\$50 -	
	minus 3 c	trawings exceed 100	X100 .			X200	1
PLICATION SIZE E CFR 1.16(6))	is \$250 (\$125 (Account	olication size fee due			Ī		1
the same	additional 50 sheets or (35 U.S.C. 41(a)(1)(G) at	M 37 CED 4-46/54 - 1			: [· '
LTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0)			+180=		-	+360×	
the difference in column 1 is less than zero, enter "O" in column 2.			TOTAL		L	1000	
APPLICAT	10N AS AMENDED - I	PARTII				TOTAL	
	+ 1:	lumn 2) (Calumn 3)					ı
9-11/ AFT REMAINING HIGHEST		HEST	SMALL E	YTITM	OR	OTHER SMALL E	THAN NTITY
1/77/ AME	FTER PREVI	MBER PRESENT OUSLY EXTRA	RATE (1)	ADDI- TIONAL		RATE (\$)	ADOL
DI CER WIGH	Minus 2	0 7	X\$ 25	FEE (\$)	-		FEE (1)
Independent DI CFR 1.146H	Minus ") - -	Y100		``	50	
Application Size Fee (37 CFR 1.16(s))			¥100 =		RX	200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)			+180=		-	300	1
			TOTAL ADD'L FEE	Of Of	TO	360= TAL D'L FEE	
(Colun	IMS THE					L'ree	
REMAI AFT AMEND	NUMB	ER PRESENT	RATE (\$)	ADDI- TONAL	Rich	TE (\$)	ADDI-
CFR Lie(II)	Minus **	 		EE (I)	-	1	TONAL EE (\$)
dependent CFR 1.16(A))	Minus ***	\ -	X\$ 25	OR.	X\$5		
oplication Size Fee (37 c	FR 1.16(s))		X100 =	OR.	X20	0 .	
	RULTIPLE DEPENDENT CLAIM						

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

The Collection of Information is required by 97 OFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the buding gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments the amount of time you require to complete links form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Depentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORDERS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.